Please t	vpe a	plus sign	(+) inside this box	\rightarrow	F
,	, p~ u	piuo oigii	() "NOIGO MHO DON		

PTO/SB/01 (10-00) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

00689-519-CIP Attorney Docket Number DECLARATION FOR UTILITY OR Sanicola-Nadel et al. **First Named Inventor DESIGN** PATENT APPLICATION COMPLETE IF KNOWN 09/187,906 (37 CFR 1.63) **Application Number** November 6, 1998 Filing Date ☐ Declaration Declaration 1642 Submitted after Initial Submitted **Group Art Unit** Filing (surcharge (37 CFR 1.16 (e)) required) with Initial Alana M. Harris **Filing Examiner Name**

_											
	As a below named inventor, I hereby declare that:										
	My residence, mailing address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	RET LIGAND RET L FOR STIMULATING NEURAL AND RENAL GROWTH										
	(Title of the Invention)										
	the specification of which										
	is attached hereto										
	OR was filed on (MM/DD/YYYY)	November 6, 1		States Application I	Number or PCT International						
					(if applicable).						
	Application Number 09/18	7,906 and was a	mended on (MM/DD/Y)	m [
	I hereby state that I have reviewe amended by any amendment spe	d and understand the or cifically referred to abor	ontents of the above ide	ntified specification	n, Including the claims, as						
	I acknowledge the duty to disclose	e information which is n	naterial to patentability a	s defined in 37 CF	R 1.56, including for continuation-						
	in-part applications, material infor- PCT international filing date of the	mation which became a continuation-in-part ap	vailable between the fili plication.	ng date of the prio	r application and the national or						
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
_	Prior Foreign Application	ai application naving a	Foreign Filing Date		Certified Copy Attached?						
	Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
	PCT/US97/07726	USA	05/07/1997		□ (*						
			02/0//1///								
	Additional foreign application	numbers are listed on a	supplemental priority d	ata sheet PTO/SB	/02B attached hereto:						
	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
	Application Number(s)	Filing Dat	e (MM/DD/YYYY)	[67] * * * ****							
	60/017,427	OF /00/100/C Additional provisional application									
	60/019,300] 06	/07/1996	supplem	ental priority data sheet						
	60/021,859	07	/16/1996	PTO/SB/	02B attached hereto.						

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside th PTO/SB/01 (10-00)

Approv

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

المساد المساوات المسا									
	Customer Nur or Bar Code L		360	7	OR	Correspondence address below			
Name Gary L. Creason, Reg. No. 34,310									
Address BIOGEN, INC.									
Address 14 Cambridge Center									
city Cambridge				State	MA	ZIP 02142			
Country USA		Telephon	617- e	679-230	08	Fax (617) 679-2838			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INV	ENTOR:			A petiti	on has been fil	ed for this unsigned inventor			
Given Name Michele (first and middle [if any])				Family I		Sanicola-Nadel			
Inventor's Middle &	r anc	Aa:	na	del	2	_{Date} 3/3/03			
Residence: City Winch	ester		State	ΛA ,	Country_USA	US			
Mailing Address									
Mailing Address 4 Maple R	oad .								
City Winchester	State	MA		ZIP	01890	USA			
NAME OF SECOND INVENTOR	:			A petiti	ion has been fil	ed for this unsigned inventor			
Given Name Catherine Family Name Hession or Surname									
Inventor's Catherine Hessian Date 2/25/03									
Residence: City Hingham			State	MA	Country USA	Citizenship			
Mailing Address									
35 Otis Hill Road Malling Address									
City Hingham	State	MA		ZIP	02043	Country			
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
sign (+) inside this box + + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

		_								
Name of Additional Joint Inventor, if any:										
Given Na	Family Na	y Name or Surname								
Richard L.					Cate					
Inventor's Signature	Relad	7	at				Date		2/19/03	
Residence: City	Cohasset	State	MA	٥	ountry	USA		Citizens	hlp	US
Post Office Address	Post Office Address									
Post Office Address	21 College Hill Road									
City	Cohasset	State	MA		ZIP	02025	Country	,	US	A
Name of Addition	nal Joint Inventor, if any	/:]	A petitio	n has been file	d for th	is unsig	ned inv	entor
Given Na	me (first and middle [if any])					Family Na	ne or S	Sumame		
	Dane S.						Worle	у		
inventor's Signature	Dave & W							Da	te	2.21.03
Residence: City	Somerville	State	MA	c	ountry	USA		Citize	nship	us
Post Office Address										
Post Office Address	21 College Hill Road									
City	Somerville	State	MA		ZIP	02144	Coun	ountry USA		JSA
Name of Addition	nal Joint Inventor, if any	/ :	- [] <i>f</i>	N petitio	n has been file	d for th	is unsigr	ned inv	entor
Given Na	me (first and middle [if any])					Family Nar	ne or S	umame		
Inventor's Signature					Da	te				
Residence: City	State Country Citizenship									
Post Office Address	Post Office Address								:	
Post Office Address										
City		State			ZIP		C	ountry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please ty	pe a	plus	sign	(+)	inside	this	box	→	\Box	1
	P~ ~	F	 5	٠.,				-	-	ı

PTO/SB/02B (3-97)

Approved for use through 9/30/98. OMB 0651-0032 =

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Supplemental Priority Data Sheet

Additional foreign applications:								
Prior Foreign Application Number(s)	Co	ountry	Fon	eign Filing Date MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO	
					000000000000000	0000000000000000	000000000000000	
Additional provisional a	pplications ation Num				Filing Date (MM/DD/YYYY)		
Аррис	ation Hum	<u> </u>		Filing Date (MM/DD/YYYY)				
	0/023,444			08/23/1996 04/11/1997				
Additional U.S. application	ons:							
U.S. Parent Applicat Number		PCT Paren Number	t	Parent Filing Date (MM/DD/YYYY) Parent Patent Num				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box -> +

PTO/SB/02C (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if contains a valid OMB control number.

DECLARATION

REGISTERED PRACTITIONER **INFORMATION** (Supplemental Sheet)

		(Outpionional officet)				
Name	Registration Number	Name	Registration Number			
Raymond G. Arner	32,958	Gary L. Creason	34,310			
John T. Li	44,210	Timothy P. Linkkila	40,702			
Niki D. Cox	42,446	Allan A. Brookes	36,373			
Ivor R. Elrifi	39,529	Scott D. Miller	43,803			
Gregory J. Sieczkiewicz	48,223					
	·					
	*					
		1				
Y		¥				
	·					

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

